## MONTANA CLERK & RECORDER'S SCHOLARSHIP APPLICATION FORM

AMOUNT OF SCHOLARSHIP

\$1,000.00 First Place Winner

APPLICANT MUST BE A GRADUATING SENIOR WHO WILL BE ATTENDING AN IN STATE SCHOOL.

This Application for the Clerk & Recorder's Scholarship becomes complete and valid only when you have returned the following materials:

Application	All required signatures
Current Transcript of Grades	Application deadline: March 15

Students that are attending a school that is located within Lake County should return your scholarship applications to:

PAULA A HOLLE LAKE COUNTY CLERK & RECORDER 106 4TH AVE E POLSON MT 59860

			APPLICANT INFORMA			
Mr.	]			Cou	nty:	
Ms	(Last)	(First)	(Middle Initial)	Tele	phone Number	
	Permanent Address	(street)	(city)	(stat	te)	(zip)
	Father's Full Name				_Occupation	
	Permanent mailing address of guardian if different from apple	1	(street)	(city)	(state)	(zip)
	Mother's Full Name		,	( ),	Occupation	<b>、</b>
	Permanent mailing address of	f parent/			<del>-</del>	
	guardian if different from app	licant	(street)	(city)	(state)	(zip)
			o will be attending a post- ocoming school year, inclu		ınt.	
			SCHOOL INFORMAT	ON		
	High School Attended		Gra	duation Dat	e (Month)	(Year)
	Address	(street)	(city) (sta	ite)	(zip)	Telephone Number
	Name of post-secondary scho		olicant's scholarship is requested		( 1 /	
	Nume of post secondary sont	or for willon app	mounts somoiarship is requested	4 yr (	College/Univ	Vo-Tech Other
	Address			Accre	edited? Yes	No
		(city)	(state) (zip	)		
	Major field of study app	licant plans to	o pursu <u>e</u>			
	Applicant's Signature					
	Date Completed	Mo.	Day Yea	ar		
			MENT BY PARENTS OR			
			the accuracy thereof to the Clerk & Recorder's scholar			
	Parent or Legal Guardia	an's Signatur	e			
	Date Completed					
		Mo.	Day Yea	ar		
		TRA	NSCRIPT INFORMATIO	N		
	ool seniors must include section completed by the		I transcript of grades and l school official.	nave the		
Class/Ra	ank: in a class of	<u> </u>				
Cumulati	ive grade point average		\4.0 scale.			
School C	Official's Signature	Date	Title	Tele	phone #	

PER	SOL	ΝΔΙ	INF	ORI	ΜΔΤ	ION

Please list your work experience during the past 4 years. Indicate dates of employment in each job and the approximate number of hours worked each week. List total amount earned for each job.

POSITION	Date From(mo/yr)	Date to (mo/yr)	Hours Per Week	This Position

## **EXTRA-CURRICULAR ACTIVITIES**

ACTIVITY	No. of Years Partic.	Offices Held, Special Awards, Honors	ACTIVITY	No. of Years Partic.	Offices Held, Special Awards, Honors

Make a statement of your plans as they relate to your educational and career objectives and future goals.  (If necessary, attach additional pages.)
Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities. (Examples: Medical, death in immediate family, divorce, tragedy, adverse financial circumstances, etc.) (If necessary, attach additional pages.)